

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 5614 Connecticut Ave, NW Ste 270		Amount 41131.23
City Washington	State DC	Zip Code 20015
Purpose of Expenditure Radio	Category/ Type 004	Transaction ID : 06e33463-b125-4d1b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ann Kuster		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 6418 East 12 St		Amount 25.00
City Wichita	State KS	Zip Code 67206
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 6a888465-6165-4f85-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41156.23
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
Mailing Address 6418 East 12 St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.50</div>	
City Wichita	State KS	Zip Code 67206	Transaction ID : efb824e-d9c4-4750-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71523.33</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
Mailing Address 201 E Mt Vernon		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>	
City Wichita	State KS	Zip Code 67211	Transaction ID : f4625637-eea3-4a2d-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71523.33</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">37.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY

10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 3 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 201 E Mt Vernon		Amount 4.80	
City Wichita	State KS	Zip Code 67211	Transaction ID : 5f787488-c152-4ea3-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cebrina Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 201 E Mt Vernon		Amount 30.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 6f9552d1-d2b8-4689-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 4 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 15.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 0d57d50f-eca5-46e6-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 2.10	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : e5dcaa86-e62c-4e71-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 5 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ashley T Reed		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1519 E Village Estates Dr		Amount 15.00	
City Park City	State KS	Zip Code 67216	Transaction ID : 66f552ad-400c-4590-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Facebook, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1601 Willow Road		Amount 200.00	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : b77bb8a1-2928-4887-8
Purpose of Expenditure Online advertising	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	215.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 6 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 30.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 9733a873-887c-48d1-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 8.67	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 1455e23a-c110-49c7-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	38.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 7 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 4456 Country Hill Dr		Amount 20.00
City Baton Rouge	State LA	Zip Code 70816
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 4e5a1188-5af2-4ca5-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 4456 Country Hill Dr		Amount 9.30
City Baton Rouge	State LA	Zip Code 70816
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 6f569579-21d9-4a95-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 8 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 42.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : a72562d6-1ef9-4e61-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 4.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : b30cfe19-2ccd-48b2-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 9 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 5003 Allison Lane		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 47233f58-4b56-4df2-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">184933.35</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 5003 Allison Lane		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.00</div>	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 644aa112-48e0-4780-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">184933.35</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">53.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

10

22

2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 2134 Tobaccoville Rd		Amount 30.00
City Rural Hall	State NC	Zip Code 27045
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e7dd9066-09bc-4fd6-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 416 Vine Dr		Amount 70.00
City Lawrence	State KS	Zip Code 66049
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 7b664257-419d-41a2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 416 Vine Dr		Amount 16.92
City Lawrence	State KS	Zip Code 66049
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 1903 Swan Dr		Amount 70.00
City Lenoir	State NC	Zip Code 28645
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86.92
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 12 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1903 Swan Dr		Amount 3.30	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 9d898fb9-10ea-4a36-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3039 Four Way Rd		Amount 20.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 13b7fd9e-3217-4b3c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 13 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3039 Four Way Rd		Amount 6.60	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 9bd05a89-c099-4ffa-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4429 Lagan Circle		Amount 30.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 5e8cf516-8074-4ed7-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 14 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 80.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 9aaef58e-5a05-4616-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 15.60	
City Clemmons	State NC	Zip Code 27012	Transaction ID : dc1e1039-9e50-4516-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	95.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 15 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9425 Jessica Drive		Amount 37.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 111f6fea-9f70-448a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9425 Jessica Drive		Amount 5.40	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 46fe4550-cf4c-479c-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 16 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9685 Paula St		Amount 35.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 207ea471-06d7-4b60-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9685 Paula St		Amount 35.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 666b0814-74d7-4176-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 17 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 3205 Pebble Beach Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29.00</div>		
City Conway	State AR	Zip Code 72034	Transaction ID : 5663a780-af80-4556-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">184933.35</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 3205 Pebble Beach Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.55</div>		
City Conway	State AR	Zip Code 72034	Transaction ID : f3fa8ce1-23bd-4178-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">184933.35</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">40.55</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 18 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination	
Mailing Address 1003 W 5th St		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
City Coffeyville	State KS	Zip Code 67337	Amount 30.00
Purpose of Expenditure Salary		Category/ Type 001	Transaction ID : b2000575-ea37-40de-8 Date of Disbursement or Obligation
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination	
Mailing Address 1003 W 5th St		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
City Coffeyville	State KS	Zip Code 67337	Amount 2.10
Purpose of Expenditure Mileage		Category/ Type 002	Transaction ID : 88fb8726-d1e1-47be-a Date of Disbursement or Obligation
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 19 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Brittnie W Campbell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 5828 Rena Road		Amount 15.00	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 8dc673bd-a94a-4876-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jacob Bernas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 458 S Glendale		Amount 30.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : f06c8a43-2d04-4e3c-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 20 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Jacob Bernas		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>	
Mailing Address 458 S Glendale		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 7.50 </div>	
City State Zip Code Wichita KS 67218	Transaction ID : 533c0f63-c7cd-42ad-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: KS <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 71523.33 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>	
Mailing Address 115 Burns Mitchell Drive		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 55.00 </div>	
City State Zip Code Belmont NC 28012	Transaction ID : 798bfc21-d503-451b-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1041066.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">62.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 21 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 6.30	
City Belmont	State NC	Zip Code 28012	Transaction ID : 236e6231-26b8-474d-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee John K Necaise III		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1905 Franklin Ave		Amount 35.00	
City New Orleans	State LA	Zip Code 70117	Transaction ID : e26b3f82-bdcb-434a-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	41.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 22 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee John K Necaise III		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 1905 Franklin Ave		Amount 11.58
City New Orleans	State LA	Zip Code 70117
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 95bb7216-f433-4f35-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 105 South Dale St		Amount 60.00
City Spruce Pine	State NC	Zip Code 28777
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 48d900eb-78e0-4301-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	71.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 23 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 105 South Dale St			Amount 17.10		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 982dd927-4d84-493f-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 105 South Dale St			Amount 60.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 24620120-37bc-48a0-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	77.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 24 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 2936 Brushwood Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Springdale	State AR	Zip Code 72764	Transaction ID : 64426f86-1450-436e-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">184933.35</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 2936 Brushwood Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.50</div>		
City Springdale	State AR	Zip Code 72764	Transaction ID : ec9548a7-2e69-459e-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">184933.35</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">54.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 25 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2517 N 47th St		Amount 40.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : d9dc9db2-1d86-4f39-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9685 Paula St		Amount 35.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 72ce9321-14de-4758-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 26 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination	
Mailing Address 9685 Paula St		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
City State Zip Code Keithville LA 71047		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12.15</div>	
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination	
Mailing Address 995 Clairborne Rd		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
City State Zip Code Calhoun LA 71225		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">48.00</div>	
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">60.15</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 27 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 995 Clairborne Rd		Amount 13.20	
City Calhoun	State LA	Zip Code 71225	Transaction ID : fb89dab-099f-49d4-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2226 Enloe St		Amount 42.00	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 97adab86-bffb-4a54-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	55.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 28 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 2226 Enloe St		Amount 6.30
City Fayetteville	State NC	Zip Code 28306
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : aa4879d7-0544-4827-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 409 LaSalle Drive		Amount 85.00
City Little Rock	State AR	Zip Code 72211
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : d844d13d-41f3-485a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	91.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 29 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 409 LaSalle Drive		Amount 6.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 16bb1c6c-a6bf-4430-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1510 Bailey St		Amount 45.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 30f6963a-2036-4089-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 30 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 8822 Apple St		Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 5199e39b-f9b5-44fb-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 8822 Apple St		Amount 15.60	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 28072c40-0951-490e-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 31 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 924 N. Prieur St		Amount 60.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 16e480c3-4432-411a-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 924 N. Prieur St		Amount 15.60	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 53009caf-82f8-44cf-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 32 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

FEC IDENTIFICATION NUMBER ▼

C C00530766

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee
Mary D Meens

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 20 2014

Mailing Address 5724 SW Arrowhead Ct

Amount

City State Zip Code
Topeka KS 66614

22.50

Transaction ID : 1ee02383-9b1d-4e72-9

Date of Disbursement or Obligation

Purpose of Expenditure
SalaryCategory/
Type 001M M M / D D D / Y Y Y Y Y Y
10 20 2014

Name of Federal Candidate

Mr. Greg Orman

☐ Support
☒ OpposeOffice Sought: ☐ House District: 00
☐ President ☒ Senate State: KSCalendar Year-To-Date
Per Election for Office Sought

71523.33

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶Full Name of Payee
Mary D Meens

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 20 2014

Mailing Address 5724 SW Arrowhead Ct

Amount

City State Zip Code
Topeka KS 66614

2.49

Transaction ID : df5a16f6-e06f-474f-9

Date of Disbursement or Obligation

Purpose of Expenditure
MileageCategory/
Type 002M M M / D D D / Y Y Y Y Y Y
10 20 2014

Name of Federal Candidate

Mr. Greg Orman

☐ Support
☒ OpposeOffice Sought: ☐ House District: 00
☐ President ☒ Senate State: KSCalendar Year-To-Date
Per Election for Office Sought

71523.33

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

24.99

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 22 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 33 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 106 Hillside St		Amount 62.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 36532c4c-f5c4-4dee-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 106 Hillside St		Amount 44.64	
City Spindale	State NC	Zip Code 28160	Transaction ID : 2cc364f6-d399-4bdf-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	107.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 34 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jenny N Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1270 Lovelady Rd		Amount 30.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : bc3caace-cbb5-4cc7-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jenny N Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1270 Lovelady Rd		Amount 3.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 39854514-bf10-45e7-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	33.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 35 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 134 Shore Crest Circle		Amount 60.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : e93bab36-f8a2-44f2-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 134 Shore Crest Circle		Amount 13.65	
City Carriere	State MS	Zip Code 39426	Transaction ID : 00b4d552-6fcd-4355-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	73.65
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 36 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

FEC IDENTIFICATION NUMBER ▼

C C00530766Check if ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014Full Name of Payee
James R Hooper

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Mailing Address 502 N Oak St

Amount

45.00

City State Zip Code
Little Rock AR 72205

Transaction ID : dd24decc-f3d2-4de3-8

Date of Disbursement or Obligation

Purpose of Expenditure
SalaryCategory/
Type 001M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Name of Federal Candidate

Mr. Mark L Pryor

☐ Support
☒ OpposeOffice Sought: ☐ House District: 00
☐ President ☒ Senate State: ARCalendar Year-To-Date
Per Election for Office Sought

184933.35

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶Full Name of Payee
James R Hooper

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Mailing Address 502 N Oak St

Amount

11.10

City State Zip Code
Little Rock AR 72205

Transaction ID : 90f64856-cd52-4fad-9

Date of Disbursement or Obligation

Purpose of Expenditure
MileageCategory/
Type 002M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Name of Federal Candidate

Mr. Mark L Pryor

☐ Support
☒ OpposeOffice Sought: ☐ House District: 00
☐ President ☒ Senate State: ARCalendar Year-To-Date
Per Election for Office Sought

184933.35

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

56.10

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 37 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 100.00		
City Conway	State AR	Zip Code 72032	Transaction ID : 8b69618f-e9eb-41cb-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">184933.35</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 67.20		
City Conway	State AR	Zip Code 72032	Transaction ID : c817745d-0e32-48f0-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">184933.35</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	167.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 38 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3 Girard St		Amount 55.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : ccbd1126-280e-4f19-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3 Girard St		Amount 15.30	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 9a6ec87e-8181-46b2-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	70.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 39 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Elizabeth H Newlun		Date of Public Distribution/Dissemination	
Mailing Address 19762 Waldon Rd		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
City Rogers	State AR	Zip Code 72756	Amount 30.00
Purpose of Expenditure Salary		Category/Type 001	Transaction ID : cef84c3f-a610-4cca-9 Date of Disbursement or Obligation
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Elizabeth H Newlun		Date of Public Distribution/Dissemination	
Mailing Address 19762 Waldon Rd		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
City Rogers	State AR	Zip Code 72756	Amount 7.26
Purpose of Expenditure Mileage		Category/Type 002	Transaction ID : cb35740f-d7e1-4f46-9 Date of Disbursement or Obligation
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37.26
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 40 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3 Girard		Amount 80.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : a118642e-a73e-4ac0-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3 Girard		Amount 65.40	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 83b1825d-7c83-4393-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	145.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 41 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Daniel M Quackenbush		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 12062 NC 902 Hwy		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 2afc1e62-6208-4a59-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1041066.50</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Daniel M Quackenbush		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 12062 NC 902 Hwy		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.80</div>	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : ca76e6d4-0da6-4741-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1041066.50</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">72.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

10

22

2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 42 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 11.50	
City Raleigh	State NC	Zip Code 27610	Transaction ID : bf89a276-2aa6-4c85-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 6.30	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 5abbb23f-e6d1-4f5b-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 43 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 20.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : b39728d7-48f3-45d6-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 20.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : b626dbe4-d582-45b9-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 44 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 11.10	
City Harvest	State AL	Zip Code 35749	Transaction ID : 7d611742-dd16-496d-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 503 N Cedar St		Amount 100.00	
City Meade	State KS	Zip Code 67864	Transaction ID : 17f2aba8-d202-413e-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	111.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 45 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 503 N Cedar St		Amount 14.40
City Meade	State KS	Zip Code 67864
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 78e2f64a-df9a-41d1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 3110 Brentwood Rd		Amount 90.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 750cbb17-9d71-4d4f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	104.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 46 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 14.10	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 765445a4-4c87-4ff9-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9653 Nations Dr		Amount 20.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 7df83bc3-6b78-4df7-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 47 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 9653 Nations Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>	
City Springdale	State AR	Zip Code 72762	Transaction ID : c2a3ca1d-1ebf-49a3-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>
Purpose of Expenditure Mileage	Category/Type 002		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">184933.35</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 44 Bell St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 536fb8a9-fb39-464e-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>
Purpose of Expenditure Salary	Category/Type 001		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1041066.50</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">65.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 48 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

FEC IDENTIFICATION NUMBER ▼

C C00530766

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee
Misty A Ledford

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 20 2014

Mailing Address 44 Bell St

Amount

City State Zip Code
Spruce Pine NC 28777

22.80

Transaction ID : 994b0528-aa44-4a2e-9

Date of Disbursement or Obligation

Purpose of Expenditure
MileageCategory/
Type 002M M M / D D D / Y Y Y Y Y Y
10 20 2014

Name of Federal Candidate

Ms. Kay Hagan

☐ Support☒ OpposeOffice Sought: ☐ House District: 00☐ President ☒ Senate State: NCCalendar Year-To-Date
Per Election for Office Sought

1041066.50

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶Full Name of Payee
Claire A Smith

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 20 2014

Mailing Address 6610 Walcott Rd

Amount

City State Zip Code
Paragoud AR 72450

55.00

Transaction ID : a4e05b46-b965-4b02-a

Date of Disbursement or Obligation

Purpose of Expenditure
SalaryCategory/
Type 001M M M / D D D / Y Y Y Y Y Y
10 20 2014

Name of Federal Candidate

Mr. Mark L Pryor

☐ Support☒ OpposeOffice Sought: ☐ House District: 00☐ President ☒ Senate State: ARCalendar Year-To-Date
Per Election for Office Sought

184933.35

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

77.80

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 22 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 49 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 6610 Walcott Rd		Amount 12.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : ae65a8c4-292e-4e0f-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Melissa D Turner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9653 Nations Dr		Amount 80.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : fc4732d3-f651-444b-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 50 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 915 East Market Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>	
City Searcy	State AR		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : a4cb6729-6af6-4766-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">184933.35</div>			

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 915 East Market Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">48.60</div>	
City Searcy	State AR		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : 9af959e7-d9cb-4925-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">184933.35</div>			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">108.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

10

22

2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 52 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

FEC IDENTIFICATION NUMBER ▼

C C00530766Check if ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y
/ / /

Full Name of Payee

Patrice Wolfe

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Mailing Address 9909 Treasure Hill Rd

Amount

1.80

City

Little Rock

State

AR

Zip Code

72205

Purpose of Expenditure

Mileage

Category/
Type

002

Transaction ID : 97e14cbb-c3a3-4c3b-a

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Name of Federal Candidate

Mr. Mark L Pryor

☐ Support☒ Oppose

Office Sought:

☐ House

District: 00

☐ President☒ Senate

State: AR

Calendar Year-To-Date
Per Election for Office Sought

184933.35

Disbursement For: 2014

☐ Primary☒ General☐ Other (specify) ▶

Full Name of Payee

Timothy D Heitman

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Mailing Address 2520 Helmstetler Rd

Amount

40.00

City

Lexington

State

NC

Zip Code

27295

Purpose of Expenditure

Salary

Category/
Type

001

Transaction ID : 31fb85ad-46fc-45f0-b

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Name of Federal Candidate

Ms. Kay Hagan

☐ Support☒ Oppose

Office Sought:

☐ House

District: 00

☐ President☒ Senate

State: NC

Calendar Year-To-Date
Per Election for Office Sought

1041066.50

Disbursement For: 2014

☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

41.80

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 53 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 50.00	
City Concord	State NC	Zip Code 28205	Transaction ID : d32a0952-6ebd-4d99-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 9.60	
City Concord	State NC	Zip Code 28205	Transaction ID : b6ef7ab9-4a19-4881-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	59.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 54 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 110 W Pecan St		Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2683589e-cc06-4cbf-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 110 W Pecan St		Amount 35.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 849e4215-401b-4d08-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 55 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 75.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 9dced2fd-e546-4044-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 17.31	
City West Monro	State LA	Zip Code 71291	Transaction ID : 2bfd4982-0500-446a-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	92.31
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 56 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Luke S Buren		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 415 E Carroll		Amount 20.00	
City Macomb	State IL	Zip Code 61455	Transaction ID : c3e2f139-8320-4f71-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Staci J Ingram		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2 Crest Knolls Dr Apt 16B		Amount 30.20	
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 206f1015-2865-4886-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

FEC IDENTIFICATION NUMBER ▼

C C00530766

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

Date of Public Distribution/Dissemination

Amount

Category/ Type	002
-------------------	-----

15.99

Transaction ID : ccccf676-67a2-4a57-8

Date of Disbursement or Obligation

☐ Support
☒ Oppose

Office Sought: ☐ House District: 00
☐ President ☒ Senate State: NC

1041066.50

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ►

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

Category/ Type	001
-------------------	-----

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	80.00

Transaction ID : 43a2e18d-70b4-4839-8

Date of Disbursement or Obligation

MM / DD / YYYY

☐ Support

☒ Oppose

Office Sought: ☐ House District: 00
☐ President ☒ Senate State: LA

199041.81

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

95.99

A blank grid consisting of 10 columns and 5 rows of squares, intended for drawing a diagram.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

MM / DD / YYYY

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 58 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 605 W Houston St		Amount 48.60
City Marshall	State TX	Zip Code 75633
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 47cbcd93-766a-4397-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 121 Ohara Dr		Amount 65.00
City Salisbury	State NC	Zip Code 28147
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 1e6abcbf-616e-4e8b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	113.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 59 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 121 Ohara Dr		Amount 90.30	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 635f0639-682b-4c1c-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 905 Lake Drive		Amount 100.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 6fb8451c-4933-4b10-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	190.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 60 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 905 Lake Drive		Amount 16.20	
City Shelby	State NC	Zip Code 28152	Transaction ID : 214d3def-8e4b-4ac6-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address P.O. Box 712		Amount 80.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 250a475c-3b58-4796-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	96.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 61 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address P.O. Box 712		Amount 36.60	
City Alexander	State AR	Zip Code 72002	Transaction ID : 1efe6c6c-d448-4096-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 50.00	
City Midland	State NC	Zip Code 28107	Transaction ID : 81a1087a-cbe1-4524-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 62 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 10000 Mount Pleasant Rd		Amount 9.60
City Midland	State NC	Zip Code 28107
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 410f2924-6be2-4fcb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 147 Possum Trot Rd		Amount 60.00
City Bakersville	State NC	Zip Code 28705
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : d7c703b8-fc94-4072-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	69.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 63 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination		
Mailing Address 2565 Shire Circle			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>		
City	State	Zip Code	Amount		
Harrisonburg	VA	22801	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">60.00</div>		
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 56fe9b50-b518-44bc-a		
		001	Date of Disbursement or Obligation		
			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>		
Name of Federal Candidate			Office Sought:		
Mr. Greg Orman			<input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">71523.33</div>					

Full Name of Payee Shelby J Davis			Date of Public Distribution/Dissemination		
Mailing Address 6414 The Divide Pkwy Apt 204			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>		
City	State	Zip Code	Amount		
Little Rock	AR	72223	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">35.00</div>		
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 149d8b6f-4a91-4803-a		
		001	Date of Disbursement or Obligation		
			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>		
Name of Federal Candidate			Office Sought:		
Mr. Mark L Pryor			<input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">184933.35</div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">95.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 64 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 220 Doucet Rd		Amount 15.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : e4e10bea-30a7-4f20-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 220 Doucet Rd		Amount 0.93	
City Lafayette	State LA	Zip Code 70503	Transaction ID : b8523a17-e257-42c8-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.93
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 65 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address PO Box 398		Amount 60.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 0bbd4cbf-de3d-4225-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address PO Box 398		Amount 18.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 3bf4e8f2-5d6a-4529-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	78.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 66 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Landon R Boyles		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 211 Hidden Meadows Dr		Amount 35.00	
City Benton	State AR	Zip Code 72015	Transaction ID : 4b58e819-9f45-4c17-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Landon R Boyles		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 211 Hidden Meadows Dr		Amount 25.20	
City Benton	State AR	Zip Code 72015	Transaction ID : 023ebd4d-635e-46b1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	60.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 67 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1110 N Coolidge		Amount 110.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : bc6cf4fe-7581-4e77-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1110 N Coolidge		Amount 14.76	
City Gonzales	State LA	Zip Code 70737	Transaction ID : bfe0578e-375e-4856-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	124.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 68 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 110.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9263bce4-db32-46d0-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 14.76	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 55c22830-c0fe-4c23-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	124.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 69 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 600 W Vine Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>	
City Searcy	State AR	Zip Code 72143	Transaction ID : 150d1fb9-7302-4eaf-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 600 W Vine Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">45.00</div>	
City Searcy	State AR	Zip Code 72143	Transaction ID : eba1e765-895d-4963-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">125.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 70 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1731 Frenchmen St		Amount 50.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : c5a3893c-551f-462c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1731 Frenchmen St		Amount 2.10	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 48e18e74-a421-42e0-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	52.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 71 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 6412 Osage Dr		Amount 70.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 7bd25349-6063-465c-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 6412 Osage Dr		Amount 4.26	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 3c2066ea-cf0a-4d1c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	74.26
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 72 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3654 Tara St		Amount 65.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 7bc0ec50-98e6-4b64-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3654 Tara St		Amount 18.60	
City springdale	State AR	Zip Code 72762	Transaction ID : 9412dc05-8c3f-4200-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 73 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 407 randall Dr		Amount 85.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 18b11727-277b-4f95-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 407 randall Dr		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 28dc8007-91cb-4b47-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 74 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 101 Asbury Ct		Amount 70.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 315524d2-a88f-4e54-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 1430 Sunnyside Rd		Amount 80.00
City Alma	State AR	Zip Code 72921
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 02fb88f1-46f5-4fb5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 75 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 1430 Sunnyside Rd		Amount 73.80
City Alma	State AR	Zip Code 72921
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : eb3a004e-1a3d-478f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Meagan N Rogerson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 3657 S Rail Road St		Amount 14.00
City Fountain	State NC	Zip Code 27829
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 92df71b0-69d8-4b9e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	87.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 76 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 3657 S Rail Road St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.50</div>		
City Fountain	State NC	Zip Code 27829	Transaction ID : e68d24ce-c172-49a6-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 102 S Main Street Apt A2			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>		
City Berryville	State VA	Zip Code 22611	Transaction ID : b7ce0d34-8b1e-4144-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">110.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 77 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eric Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 60.00	
City Alma	State AR	Zip Code 72921	Transaction ID : ce61b4d6-752a-45af-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eric Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 59.70	
City Alma	State AR	Zip Code 72921	Transaction ID : 66475fa6-be2d-4c27-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	119.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 78 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

FEC IDENTIFICATION NUMBER ▼

C C00530766Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y
/ / /

Full Name of Payee

Mry S Everly

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 20 2014

Mailing Address 787 N 1851 Diagonal Rd

Amount

30.00

City

State

Zip Code

Lecompton

KS

66050

Transaction ID : 5981625b-baa6-4f49-a

Date of Disbursement or Obligation

Purpose of Expenditure

Salary

Category/
Type

001

M M M / D D D / Y Y Y Y Y Y
10 20 2014

Name of Federal Candidate

Mr. Greg Orman

☐ Support☒ Oppose

Office Sought:

☐ House

District: 00

☐ President☒ Senate

State: KS

Calendar Year-To-Date
Per Election for Office Sought

71523.33

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Full Name of Payee

Mry S Everly

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 20 2014

Mailing Address 787 N 1851 Diagonal Rd

Amount

2.04

City

State

Zip Code

Lecompton

KS

66050

Transaction ID : f7c73a79-dd8a-4a08-a

Date of Disbursement or Obligation

Purpose of Expenditure

Mileage

Category/
Type

002

M M M / D D D / Y Y Y Y Y Y
10 20 2014

Name of Federal Candidate

Mr. Greg Orman

☐ Support☒ Oppose

Office Sought:

☐ House

District: 00

☐ President☒ Senate

State: KS

Calendar Year-To-Date
Per Election for Office Sought

71523.33

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

32.04

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶(c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 22 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 79 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 45.00	
City Azle	State TX	Zip Code 76020	Transaction ID : 55b483da-b946-4bde-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 35.70	
City Azle	State TX	Zip Code 76020	Transaction ID : 3c60b983-ea3a-46f9-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 80 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 506 N Horton Street		Amount 50.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 48cd4898-fc24-4c62-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 506 N Horton Street		Amount 15.90	
City Searcy	State AR	Zip Code 72143	Transaction ID : 96ac7b37-792e-496d-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 81 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 50.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : 45091353-59eb-4a4b-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 15.90	
City College Grove	State TN	Zip Code 37046	Transaction ID : e32156b5-2033-4b27-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	65.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 82 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : c7b77736-3ccc-4f49-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1041066.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 3007 Darden Rd			Amount 15.60		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 5dfd9dfb-c5d7-4ea9-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1041066.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	95.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 83 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3300 Asher Ave		Amount 40.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 593b3891-005c-4a49-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3300 Asher Ave		Amount 66.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 9cbd0448-6aa3-421c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	106.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 84 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3e65944a-890c-44b7-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 0d89ed9d-5aa1-4d26-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 85 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 9685 Paula St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21.00</div>		
City Keithville	State LA	Zip Code 71047	Transaction ID : 291698b1-9dce-4cb0-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">199041.81</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 18065 Wayne Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>		
City Odessa	State FL	Zip Code 33556	Transaction ID : aaa08128-eb07-45ba-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">184933.35</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">96.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 86 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 282 Falls Ave		Amount 20.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 07d9de0e-314d-4ea7-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 282 Falls Ave		Amount 8.10	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 03f6dd87-b3f8-4079-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 87 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 75.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 7d3629de-3980-45e3-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 37.71	
City Elgin	State SC	Zip Code 29045	Transaction ID : 3a363f9a-b85c-4963-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	112.71
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 88 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 804 Roundabout Circle		Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8558b680-50e0-4cbf-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 200 Carawood Lane		Amount 20.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : abf42f8e-d6e5-41fd-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 89 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 200 Carawood Lane		Amount 3.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 14410bd7-a8c4-47a1-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 204 W 9th St		Amount 15.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 1ffc13c9-45ff-4b4e-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	18.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 90 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 204 W 9th St		Amount 7.20	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 9a6df3d4-d612-4cbf-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 20.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : e7ab2431-d79f-4da1-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 91 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 9.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : a7c0b739-a731-4930-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2121 Daniel Dr		Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 17689f41-c340-4818-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 92 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2121 Daniel Dr		Amount 55.20	
City Searcy	State AR	Zip Code 72143	Transaction ID : 98d5dba1-2564-4440-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 211 Dixie Ave		Amount 50.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : bf951225-f6ef-41d3-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	105.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 93 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Trevor D Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 5521 Randolph St		Amount 30.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : f73f88ea-dea4-4363-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 629 Radiance Ave		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 176481cb-13d0-4181-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 94 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 629 Radiance Ave			Amount 3.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : cf03251b-b430-46ee-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 2506 Bolch Street			Amount 50.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 65bc447e-3071-4bbd-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	53.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 95 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2506 Bolch Street		Amount 32.40	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 221a6ff2-7ebb-4d02-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : d8ad9404-ff02-4572-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	112.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 96 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 205 Medallion Circle			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">62.70</div>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 839870c9-0820-4762-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">199041.81</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 22369 Ponderosa Dr.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 0c707a27-7937-46d5-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">199041.81</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">82.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 97 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 5.10	
City Mandeville	State LA	Zip Code 70471	Transaction ID : b580f2f2-b6db-44f3-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Stephanie L Heun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101		Amount 4.00	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 5ed87318-a70c-44e3-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 98 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 7915 Curtina Ln		Amount 80.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : eb6b1898-b188-403a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : cf490509-0a1e-4bad-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 99 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 1434 South Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.40</div>		
City Eden	State NC	Zip Code 27288	Transaction ID : 18349ecf-4009-439a-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1041066.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 2138 N 1000 Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Eudora	State KS	Zip Code 66025	Transaction ID : 9e663bdd-ab26-43e4-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Greg Orman			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71523.33</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">50.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 100 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	
Mailing Address 1809 N Woodlawn		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>	
City State Zip Code Metairie LA 70001	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : 7eb9d55f-7de8-41d8-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">199041.81</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	
Mailing Address 1809 N Woodlawn		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5.40</div>	
City State Zip Code Metairie LA 70001	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : 53f51ef9-29b5-4b50-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">199041.81</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">95.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 101 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Acgranar R Minix		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4201 Lakeshore Dr		Amount 50.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 5788b69c-16de-40be-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Acgranar R Minix		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4201 Lakeshore Dr		Amount 15.60	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 4018f3e9-b664-4302-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 102 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination		
Mailing Address 110 Bridge gate Dr			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Cary	State NC	Zip Code 27519	Amount		
Purpose of Expenditure Salary			<div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
Category/Type 001			Transaction ID : 3d077cc8-aa8f-4067-a Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination		
Mailing Address 110 Bridge gate Dr			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City Cary	State NC	Zip Code 27519	Amount		
Purpose of Expenditure Mileage			<div style="border: 1px solid black; padding: 2px; display: inline-block;">12.96</div>		
Category/Type 002			Transaction ID : 639202f6-9185-45a8-8 Date of Disbursement or Obligation		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">62.96</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

10

22

2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 103 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 25.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 0674371d-1d73-4d45-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 3.60	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 1ff29036-6cf4-4e63-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 104 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : dc10ec66-8282-4e86-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 21.54	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 9297bab8-2a26-4da0-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	101.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 105 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 0dc1f7e9-0586-40b8-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 100 ASBURY CT		Amount 80.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : df826942-dfef-44c8-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 106 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a5247931-5f8d-4c20-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 39.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 7f2ba052-6110-448e-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	99.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 107 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 100 Asbury Ct		Amount 70.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 54beaab0-9d54-4a60-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 202 East Park Ave Apt 40		Amount 55.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : b1897058-d230-48bc-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	125.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 108 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 26.22	
City Searcy	State AR	Zip Code 72143	Transaction ID : 3ad86228-be7b-4c1e-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 1de08c3e-2878-4f54-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	106.22
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 109 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : fe26bedc-c196-43e0-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rze Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 735296ec-2620-4cfd-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 110 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : cacf38cf-2edd-423b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1703 Torrey Pines Ct		Amount 70.00	
City Reston	State VA	Zip Code 20190	Transaction ID : 63ec5681-8eea-4d66-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 111 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1410 Bushville Dr		Amount 25.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8d938219-377a-4d75-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 784d6754-6775-4699-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 112 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 543 S 2nd St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.90</div>	
City Bellaire	State NC		
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Transaction ID : b2b3bb44-0d81-453a-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">199041.81</div>			

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 30217 Crook Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>	
City Cleveland	State MO		
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : 898105af-446b-41c3-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">71523.33</div>			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">31.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

10

22

2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 113 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 30217 Crook Rd		Amount 12.96	
City Cleveland	State MO	Zip Code 64734	Transaction ID : cb0db4f1-56fa-44c5-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 121 Meadowview Drive		Amount 20.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 2f4c93dd-fac8-475e-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.96
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 114 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 121 Meadowview Drive		Amount 20.70	
City Boone	State NC	Zip Code 28607	Transaction ID : a0ba26a2-61b7-415d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 7102dc1e-1f41-4345-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 115 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 20.40	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 8d44044b-0f17-4b3f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="float: right; border: 1px solid black; padding: 2px;"> 199041.81 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1025 Cayley Ct		Amount 55.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 5dffe495-9631-46b9-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Kay Hagan <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="float: right; border: 1px solid black; padding: 2px;"> 1041066.50 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 116 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1025 Cayley Ct		Amount 18.30	
City High Point	State NC	Zip Code 27260	Transaction ID : 2ca3850d-bbdb-40f7-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4902 Catawba Dr		Amount 40.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : fe55ca5b-d01d-4175-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 117 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4902 Catawba Dr		Amount 17.10	
City Greensboro	State NC	Zip Code 27407	Transaction ID : a8c110ab-8611-4f73-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1025 Cayley Ct		Amount 40.00	
City High Point	State NC	Zip Code 27260	Transaction ID : a3831c38-5d48-4d6c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 118 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1025 Cayley Ct		Amount 16.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 8e2d1bb5-ada2-4ebe-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1041066.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 581f0a83-0e46-483b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		199041.81	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	96.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 119 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 9.30	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 7fca987f-f11e-44fe-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 85.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : fd6463c7-957f-4fcb-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	94.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 120 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 10112 Piney Creek Ct		Amount 62.10
City Charolette	State NC	Zip Code 28215
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 472fb659-024c-43ad-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 314 S Main St		Amount 35.00
City Roxboro	State NC	Zip Code 27573
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : da243908-179a-44fd-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1041066.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	97.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 121 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 314 S Main St		Amount 7.44
City Roxboro	State NC	Zip Code 27573
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : c02fe3c6-abd0-4d46-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 308 West Main Street		Amount 113.30
City Pilot Mountain	State NC	Zip Code 27041
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 79649545-ec6f-4155-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	120.74
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 122 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

FEC IDENTIFICATION NUMBER ▼

C C00530766Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y
/ / /Full Name of Payee
Mr. Roger McKinney

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Mailing Address 308 West Main Street

Amount

35.28

City State Zip Code
Pilot Mountain NC 27041**Transaction ID : 6a7a75b5-6443-4bbb-9**

Date of Disbursement or Obligation

Purpose of Expenditure
MileageCategory/
Type 002M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Name of Federal Candidate

Ms. Kay Hagan

☐ Support
☒ OpposeOffice Sought: ☐ House District: 00
☐ President ☒ Senate State: NCCalendar Year-To-Date
Per Election for Office Sought

1041066.50

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶Full Name of Payee
Glenda McKinney

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Mailing Address 308 West Main Street

Amount

113.30

City State Zip Code
Plot Mountain NC 27041**Transaction ID : 4a0d9ed0-0157-4919-a**

Date of Disbursement or Obligation

Purpose of Expenditure
SalaryCategory/
Type 001M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Name of Federal Candidate

Ms. Kay Hagan

☐ Support
☒ OpposeOffice Sought: ☐ House District: 00
☐ President ☒ Senate State: NCCalendar Year-To-Date
Per Election for Office Sought

1041066.50

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

148.58

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶(c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 123 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1700 E Part Ave		Amount 34.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : fd10ec83-1a7c-4067-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1700 E Part Ave		Amount 22.62	
City Searcy	State AR	Zip Code 72149	Transaction ID : d686700f-07b9-4199-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	56.62
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 124 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1900 Glen West Way		Amount 75.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : a65ff157-1639-4550-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1900 Glen West Way		Amount 1.80	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : bd85aa0d-9c5a-471e-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	76.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 125 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination	
Mailing Address 6101 NORA ST			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
City METAIRIE	State LA	Zip Code 70003	Amount 70.00	
Purpose of Expenditure Salary		Category/Type 001	Transaction ID : f653d680-9bd4-430b-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination	
Mailing Address 2357 Fancy Cap Rd			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
City Mt. Airy	State NC	Zip Code 27030	Amount 80.00	
Purpose of Expenditure Salary		Category/Type 001	Transaction ID : 51d5d5f1-aa6b-46f6-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

Signature

MM / DD / YYYY

10 / 22 / 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 126 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 2357 Fancy Cap Rd		Amount 21.54
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 0fba8bd9-bad2-42cc-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 2520 Helmstetler Rd		Amount 58.30
City Lexington	State NC	Zip Code 27295
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 0ae28778-f3d0-45aa-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.84
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

FEC IDENTIFICATION NUMBER ▼

C C00530766

☒ New report ☐ Amends report filed on

Date of Public Distribution/Dissemination

Amount

5.40

Transaction ID : bf9f274c-979c-4d7c-9

Date of Disbursement or Obligation

Category/ Type	002
-------------------	-----

☐ Support

☒ Oppose

Office Sought: ☐ House District: 00
☐ President ☒ Senate State: NC

1041066.50

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ►

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

70.00

Transaction ID : da4617db-6ce5-4fe2-8

Date of Disbursement or Obligation

Category/ Type	001
-------------------	-----

Three digital displays are shown side-by-side. The first display shows the number '10' with two small squares above the '1' and two above the '0'. The second display shows '20' with one small square above the '2' and two above the '0'. The third display shows '2014' with one small square above each of the four digits.

☐ Support

☒ Oppose

Office Sought: ☐ House District: 00
☐ President ☒ Senate State: AR

184933.35

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

75.40

Ms. Emily Buchanan

[Electronically Filed]

Date _____

MM / DD / YYYY

FEC Schedule E (Form 24/28) Rev. 09/2013

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 128 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 915 East Market Ave		Amount 63.60	
City Searcy	State AR	Zip Code 72149	Transaction ID : 13870d49-0718-474b-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 184933.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 416 Vine Dr		Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 44c412c3-c797-4595-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	133.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 129 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 416 Vine Dr		Amount 16.89
City Lawrence	State KS	Zip Code 66049
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 57108726-228d-4bca-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 329 Columbia St		Amount 60.00
City Shreveport	State LA	Zip Code 71104
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : b929e5b0-8707-42b2-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.89
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 130 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 329 Columbia St		Amount 16.80
City Shreveport	State LA	Zip Code 71104
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 9cf040e7-e60e-4131-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 199041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Thomas A Gaudun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 2207 SE 64th St		Amount 5.00
City Topeka	State KS	Zip Code 66605
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : a626565d-ac8d-4327-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 131 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address 2207 SE 64th St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.15</div>		
City Topeka	State KS	Zip Code 66605	Transaction ID : d2020105-e020-49dc-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Greg Orman <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71523.33</div>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Adam L Clark			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 18 / 2014</div> </div>		
Mailing Address 1851 S Laura St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>		
City Wichita	State KS	Zip Code 67211	Transaction ID : 71800102-2457-495e-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 18 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71523.33</div>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">75.15</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 132 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rebecca A Robertson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 403 S Prescott St		Amount 15.00	
City Wichita	State KS	Zip Code 67209	Transaction ID : 67fde4dd-ed15-4db7-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rebecca A Robertson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 403 S Prescott St		Amount 2.40	
City Wichita	State KS	Zip Code 67209	Transaction ID : 204c01f5-268f-4115-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 133 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M	M				D	D	D				Y	Y	Y	Y	Y	Y						
M	M	M																									
D	D	D																									
Y	Y	Y	Y	Y	Y																						

Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>10</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>17</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	10			D	D	D	17			Y	Y	Y	Y	Y	Y	2014					
M	M	M																											
10																													
D	D	D																											
17																													
Y	Y	Y	Y	Y	Y																								
2014																													
Mailing Address 201 E Mt Vernon			Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>60.00</td></tr></table>														60.00												
					60.00																								
City Wichita	State KS	Zip Code 67211	Transaction ID : d8d44f82-0efc-4dd4-8																										
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>10</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>17</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	10			D	D	D	17			Y	Y	Y	Y	Y	Y	2014					
M	M	M																											
10																													
D	D	D																											
17																													
Y	Y	Y	Y	Y	Y																								
2014																													
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>71523.33</td></tr></table>												71523.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶														
					71523.33																								

Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>10</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>17</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	10			D	D	D	17			Y	Y	Y	Y	Y	Y	2014					
M	M	M																											
10																													
D	D	D																											
17																													
Y	Y	Y	Y	Y	Y																								
2014																													
Mailing Address 201 E Mt Vernon			Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>6.60</td></tr></table>														6.60												
					6.60																								
City Wichita	State KS	Zip Code 67211	Transaction ID : ca8a4b2f-50cd-408f-b																										
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>10</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>17</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>			M	M	M	10			D	D	D	17			Y	Y	Y	Y	Y	Y	2014					
M	M	M																											
10																													
D	D	D																											
17																													
Y	Y	Y	Y	Y	Y																								
2014																													
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>71523.33</td></tr></table>												71523.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶														
					71523.33																								

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>66.60</td></tr></table>												66.60
					66.60								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M	M	M
10		

/

D	D	D
22		

/

Y	Y	Y	Y	Y	Y
2014					

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 134 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 201 E Mt Vernon		Amount 30.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : b66ceca4-e4f1-4276-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 201 E Mt Vernon		Amount 4.80	
City Wichita	State KS	Zip Code 67211	Transaction ID : b8c51e8c-71b0-42b6-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 135 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4218 Eagle Lake Ct		Amount 20.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : c31411d1-fbfb-4c6c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4218 Eagle Lake Ct		Amount 2.40	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : e235e3f1-58f6-483b-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	22.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 136 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 90.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 9b8c1323-6183-4011-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 15.60	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 6d30a51a-921f-4143-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 137 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 4310 N Mission Rd		Amount 10.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : b91d54b2-de67-444c-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 4310 N Mission Rd		Amount 1.50	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 8551b6b9-9bd6-4239-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	11.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 138 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mary M Hill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1354 Wildbriar Dr		Amount 30.00	
City Liberty	State MO	Zip Code 64068	Transaction ID : c960ed59-35c2-46b2-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2800 Shirlington Road 9th Floor		Amount 53977.55	
City Arlington	State VA	Zip Code 22206	Transaction ID : 65c47005-532a-4080-8
Purpose of Expenditure Mailer	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 71523.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54007.55
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 139 OF 147
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FP1 Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address P.O. Box 16504			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div>		
City Alexandria	State VA	Zip Code 22302	Transaction ID : 4f142d72-0a56-4cf4-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Digital Ads		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1041066.50</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Southwest Airlines			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Mailing Address PO BOX 35547-1CR			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">529.25</div>		
City Dallas	State TX	Zip Code 22302	Transaction ID : bec4736f-127a-4359-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 20 / 2014</div> </div>		
Purpose of Expenditure Travel		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate Ann Kuster		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">41892.92</div>	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">20529.25</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 140 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Southwest Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address PO BOX 35547-1CR		Amount 529.25	
City Dallas	State TX	Zip Code 22302	Transaction ID : 0266f8d3-fb72-4c0a-9
Purpose of Expenditure Travel		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Marilinda Garcia		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		761.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Residence Inn		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 91 Hall St.		Amount 75.75	
City Concord	State NH	Zip Code 03301	Transaction ID : d840c77a-6af2-480c-b
Purpose of Expenditure Travel		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ann Kuster		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		41892.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	605.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report ➤ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y</div> </div>	

Full Name of Payee Residence Inn		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 20 / 2014</div> </div>	
Mailing Address 91 Hall St.		Amount <div> <div>75.75</div> </div>	
City Concord	State NH	Zip Code 03301	Transaction ID : fe2d4cf1-de29-4d3d-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 20 / 2014</div> </div>
Purpose of Expenditure Travel	Category/ Type	004	
Name of Federal Candidate Marilinda Garcia		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
			District: 02 State: NH
Calendar Year-To-Date Per Election for Office Sought	<div> <div>761.69</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Capitol City Cab, LLC		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 20 / 2014</div> </div>	
Mailing Address PO Box 730		Amount <div> <div></div> <div>10.25</div> </div>	
City Concord	State NH	Zip Code 03302	Transaction ID : 96237dc1-f534-4417-8 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 20 / 2014</div> </div>
Purpose of Expenditure Travel	Category/ Type	004	
Name of Federal Candidate Ann Kuster		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
District: <u>02</u> State: <u>NH</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>41892.92</div> </div>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	86.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 142 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Capitol City Cab, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address PO Box 730			Amount 10.25		
City Concord	State NH	Zip Code 03302	Transaction ID : ae96f47e-c16d-4415-b		
Purpose of Expenditure Travel		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Marilinda Garcia			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 761.69			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Panera Bread			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 75 Fort Eddy Road			Amount 6.91		
City Concord	State NH	Zip Code 03301	Transaction ID : 015d14b2-abcb-4c20-9		
Purpose of Expenditure Travel		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Ann Kuster			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 41892.92			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 143 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Panera Bread		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 75 Fort Eddy Road		Amount 6.91	
City Concord	State NH	Zip Code 03301	Transaction ID : 44ccbd7a-1d93-4831-b
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 761.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Capitol City Cab, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address PO Box 730		Amount 34.50	
City Concord	State NH	Zip Code 03302	Transaction ID : 3a74daad-c2fd-449e-b
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ann Kuster		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 41892.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.41
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 144 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Capitol City Cab, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address PO Box 730		Amount 34.50	
City Concord	State NH	Zip Code 03302	Transaction ID : 894f8d2e-6376-4eab-9
Purpose of Expenditure Travel	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CVS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4 Hall Street		Amount 15.40	
City Concord	State NH	Zip Code 03301	Transaction ID : 2fd50836-cc7c-4663-8
Purpose of Expenditure Travel	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ann Kuster		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 145 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CVS		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 4 Hall Street		Amount 15.40
City Concord	State NH	Zip Code 03301
Purpose of Expenditure Travel	Category/ Type 004	Transaction ID : 45325a02-2aa1-43e6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Marilinda Garcia		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		761.69

Full Name of Payee Hotels.com		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 5400 LBJ Freeway Suite 500		Amount 54.72
City Dallas	State TX	Zip Code 75240
Purpose of Expenditure Travel	Category/ Type 004	Transaction ID : 958b898f-788f-4375-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ann Kuster		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		41892.92

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70.12
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 146 OF 147

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Hotels.com		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 5400 LBJ Freeway Suite 500		Amount 54.72	
City Dallas	State TX	Zip Code 75240	Transaction ID : d35f046b-1989-4ab3-8
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 761.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Enterprise		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1 Airport Road		Amount 34.91	
City Manchester	State NH	Zip Code 03103	Transaction ID : 9e5fddf0-5737-4745-9
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ann Kuster		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 41892.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	89.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 147 OF 147
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Enterprise		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1 Airport Road		Amount 34.91	
City Manchester	State NH	Zip Code 03103	Transaction ID : 6de53875-1af4-438e-9
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President State: NH	
Calendar Year-To-Date Per Election for Office Sought 761.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34.91
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	127382.83

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2014

Signature